

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**
FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

00-0008

2. STATE:

NV

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

01/01/2001

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 435.725, 435.733, 435.832
Sections 1616 & 1924 of the Act

7. FEDERAL BUDGET IMPACT:

a. FFY N/A \$ -
b. FFY N/A \$ -

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

~~Attachment 2.6-A, Page 4~~ #7
Supplement 6 to Attachment 2.6-A
Supplement 6 to Attachment 2.6-A Continued
Supplement 13 to Attachment 2.6-A9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):~~Attachment 2.6-A, Page 4~~ #7
Supplement 6 to Attachment 2.6-A
Supplement 6 to Attachment 2.6-A
Continued
Supplement 13 to Attachment 2.6-A

10. SUBJECT OF AMENDMENT:

Updates the federal cost of living adjustments for Supplemental Security
Income and Spousal Impoverishment

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPED NAME:

Charlotte Crawford

14. TITLE:

Director

15. DATE SUBMITTED:

16. RETURN TO:

Mary Wherry, Deputy Administrator
Nevada Medicaid
2527 N Carson St
Carson City, NV 89706**FOR REGIONAL OFFICE USE ONLY**

17. DATE RECEIVED:

January 8, 2001

18. DATE APPROVED:

February 5, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

01/01/01

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Linda Minamoto

22. TITLE: Associate Regional Administrator
Division of Medicaid

23. REMARKS:

STATE NEVADA
Standards for Optional State Supplementary Payments

Payment Category (Reasonable Classification)	Administered by Federal State	Gross		Income Level		NET	Income Disregards Employed
		1 - Per	Couple	1 - Per	Couple		
(1)	(2)	(3)				(4)	(4)
<u>Independent Living:</u>							
Aged	X	\$1,590.00	N/A			\$566.40	N/A
Blind	X	1,590.00	N/A			639.30	N/A
Disabled*		1,590.00	N/A			530.00	N/A
Both Aged	X	N/A	\$ 2,388	(not to		N/A	\$ 870.46
Aged/Blind	X	N/A	2,388	exceed		N/A	1020.53
Both Blind	X	N/A	2,388	\$1,590		N/A	1170.60
Aged/Disabled	X	N/A	2,388	per		N/A	833.23
Blind/Disabled	X	N/A	2,388	person)		N/A	983.30
Both Disabled		N/A	2,388			N/A	796.00
<u>Home of Another:</u>							
Aged	X	\$1,060.02	N/A			\$377.61	N/A
Blind	X	1,060.02	N/A			567.30	N/A
Disabled*		1,060.02	N/A			353.34	N/A
Both Aged	X	N/A	\$ 1,592.01	(not to		N/A	\$ 580.31
Aged/Blind	X	N/A	1,592.01	exceed		N/A	821.46
Both Blind	X	N/A	1,592.01	1,060.02		N/A	1062.61
Aged/Disabled	X	N/A	1,592.01	per		N/A	555.49
Blind/Disabled	X	N/A	1,592.01	person)		N/A	796.64
Both Disabled		N/A	1,592.01			N/A	530.67

SUPPLEMENT 6 to
Attachment 2.6-A
Continued

Payment Category (Reasonable Classification)	(1)	Administered by Federal State	(2)	Gross		Income Level		Income Disregards Employed
				1 - Per	Couple	1 - Per	NET Couple	
	(1)		(2)	(3)		(4)		(4)
<u>In Congregate Care (FCH/AGFC)</u>								
Aged		X		\$1,590.00	N/A	\$ 880.00	N/A	
Blind		X		1,590.00	N/A	880.00	N/A	
Disabled*				1,590.00	N/A	530.00	N/A	
Both Aged		X		N/A	\$ 2,388	(not to	\$ 1677.00	
Aged/Blind		X		N/A	2,388	exceed	1677.00	
Both Blind		X		N/A	2,388	\$1,590	1677.00	
Aged/Disabled		X		N/A	2,388	per	1236.50	
Blind/Disabled		X		N/A	2,388	person)	1236.50	
Both Disabled		X		N/A	2,388		796.00	

* There is neither mandatory nor optional supplementary payment for the disabled in Nevada.

TN No. 00/08	Approved	FEB 5 2001	Effective Date 01/01/01
Supersedes			
TN No. 99-07			

"SECTION 1924 PROVISIONS"

- A. Income and resource eligibility policies used to determine eligibility for institutionalized individuals who have spouses living in the community are consistent with Section 1924.
- B. In the determination of resource eligibility, the State resource standard is \$17,400.
- C. The definition of undue hardship for purposes of determining if institutionalized spouses receive Medicaid in spite of having excess countable resources is described below:

Denial of eligibility would work an undue hardship against an institutionalized spouse (as defined in MAABD Program Manual Section 350) when ALL of the following conditions exist:

- 1. The institutionalized spouse is otherwise eligible for Medicaid; AND
- 2. The community spouse (as defined in MAABD Program Manual Section 350) is the sole owner of liquid resources OR non-liquid joint resources valued in excess of \$87,000 AND
- 3. The community spouse has refused to make such resources available to the institutionalized spouse; AND
- 4. The institutionalized spouse has insufficient funds to cover the cost of institutionalized care; AND
- 5. Without Medicaid, the institutionalized spouse would be forced to go without life sustaining medical care as determined by an individual licensed to practice medicine in the State of Nevada.

TN No. 00-08

Supersedes

TN No. 99-04

Approval Date FEB 5 2001

Effective Date 01/01/2001

HCFA ID: 1038P/0015P